Ohio Campaign Finance Report



05 JUN 10 PM 3: 40

Prescribed by Secretary of State 02/01

							Töi	P (2		WAY COUNTY
Full Name of Committee							Registra	acion mun	idea in	PCELECTION
CITIZENS FOR RA	NKIN									
Full Name of Candidate										
MIKE R. RANKIN										
Street Address					Office Sought				District	
545 EAST TOWN ST	REET				JUDGE	, MUNI	CIPA	L COU	FRA	ANKLIN CC
City						S	tate	Zip Code	;	
COLUMBUS						0	Н	4321	5	
Type of Report	Pre-Primary	X	Post-Primary		Pre-General		Post-Ge	eneral		Annual Year
(place X to the left of report	July	1	August		September		1			
type)	Monthly		Monthly		Monthly		Termina	ation		
Amended Report?	Report Ele	ctronically	y filed?				М		D	Y
Yes	lo	Yes	No	Date of	Election	0	5	0	3	0 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

	\$
Amount brought forward from last report	5,246.03
2. Total monetary contributions (From Form No. 31-A)	\$ 2,929.00
3. Total other income (From Form No. 31-A-2)	\$ 2.71
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,177.74
5. Total monetary expenditures (From Form No. 31-B)	\$ 3,210.94
6. Balance on hand (line 4 minus line 5)	\$ 4,966.80
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 1,151.30
8. Value of in-kind contributions made (From Form No. 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 108,440.62
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 2,201.11
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (Frpm Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER				
commits election falsification is guil Laura T. Riggs-Kolman,Trea	ty of a felony of the fifth degree surer	IT. Proxx Kohnan Tr	at. 00-10-05	
Print Name and Title (Treasurer and Deputy 1		<u> </u>	Date	
Contribution	Expenditure	Other	Total	
pages 6	pages 2	pages 5	pages 13	

Page	2

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full						
CITIZENS FOR RANKIN						
Full Name of Contributor			Registra	ation Nu	mber, if F	PAC
TRANSFER FROM FORM 31-E			l			
Street Address	Employer/Occ	cupation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	ΤΥ	Amount
City		2.0 0000	1	0 5	1	1,050.00
Full Name of Contributor					mber, if I	
TRANSFER FROM FORM 31-E						
Street Address	Employer/Occ	cupation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
			0 6	0 1	0 5	1,879.00
Full Name of Contributor			Registra	ation Nu	mber, if I	PAC
Street Address	Employer/Occ	cupation/Labor Organization			-	Form (Cash, Check, etc.)
54,554,7,551,555						, , , , , , , , , , , , , , , , , , , ,
City	State	Zip Code	М	D	ΙΥ	Amount
•				lι		
Full Name of Contributor			Registra	ation Nu	mber, if I	PAC
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	ΙΥ	Amount
Full Name of Contributor			Registra	ation Nu	mber, if f	PAC
Street Address	Employer/Occ	cupation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ation Nu	mber, if I	PAC
Street Address	Employer/Occ	cupation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	l M	D .	l Y	Amount
Full Name of Contributor			Registra	ation Nu	mber, if f	PAC
Street Address	Employer/Occ	cupation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)
Street Address	Zinpioyer/ occ	capacion/ Capor Organizacion				Tom (cash, check, etc.)
City	State	Zip Code	М	D	ΤΥ	Amount
Full Name of Contributor			Registra	ation Nu	mber, if f	PAC
					•	
Street Address	Employer/Occ	cupation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Υ	Amount
* Required for contributions over \$100 to statewide and ge	eneral assembly candid	lates. If contributor is self-emp	oloyed, oc	cupation	rather t	han employer should be listed
If two or more employees contribute via payroll deduction	and exceed the addre	gate of \$100, the labor organi	zation of	which th	e employ	ees are members if any mus

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 2,929.00

Page	3	
_		

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Name of Committee in Full CITIZENIS EOD DANIKINI					
CITIZENS FOR RANKIN			Registration	Mumbar :	BAC
Full Name DANIZ ONTE / CLIACE			Registration	number, ii i	PAC
BANK ONE/CHASE	Type*		M E	D Y	Amount
Address 922 NICODTELLET CTDITET			0 5 0		1.30
833 NORTH HIGH STREET	I N	Zip Code	Form(Cash,		1.30
COLUMBUC	State O H	43205		EREST	
COLUMBUS Full Name	0 H	43203	Registration		DAC
			Registration	i Number, ii i	FAC
BANK ONE/CHASE	T T		и 1 г	- T V	I Amazunt
Address 622 NODELL LUCIL CEDEET	Type*			O Y	Amount
833 NORTH HIGH STREET	IN	7: 0 4		6 0 5	1.41
COLUMBUS	State	Zip Code	Form(Cash,		
COLUMBUS	OH	43205		REST	
Full Name			Registration	Number, if I	PAC
				. 1	T.:
Address	Type*		M) Y	Amount
City	State	Zip Code	Form(Cash,	Check,etc)	
Full Name			Registration	Number, if I	PAC
Address	Type*		M I) Y	Amount
City	State	Zip Code	Form(Cash,	Check,etc)	
Full Name	•		Registration	Number, if I	PAC
Address	Type*		M) Y	Amount
City	State	Zip Code	Form(Cash,	Check,etc)	
				_	
Full Name			Registration	Number, if I	PAC
Address	Type*		M	D Y	Amount
City	State	Zip Code	Form(Cash,	Check,etc)	
			1		
Full Name	•		Registration	Number, if I	PAC
			į		
Address	Type*		М) Y	Amount
					••
City	State	Zip Code	Form(Cash,	Check,etc)	
Full Name		· · · · · · · · · · · · · · · · · · ·	Registration	Number, if I	PAC
Address	Type*		М) Y	Amount
	"				
City	State	Zip Code	Form(Cash,	Check,etc)	
		,] `,		
* Place the two letter ends in the Type black (one letter n	ar aguara) which indica	too the nature of the Othe	r Incomo Pocoivo	d: DE for a r	of and uncached check or the

 $\ensuremath{\mathsf{SA}}$ for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 2.71

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
CITIZENS FOR RANKIN				
To Whom Paid				mount 100.00
TEAMSTERS LOCAL 413 Address	[D		0 5 0 5 0 5	100.00
	Purpose	IDI ETTONI		
555 EAST RICH STREET City	State	IBUTION Zip Code	Check Number	_
COLUMBUS	OH	43215	174	
To Whom Paid	10 11	43213		mount
THE MEDIA GROUP			0 5 1 1 0 5	1,067.50
Address	Purpose			2,000,000
611 LATHROP STREET		PRODUCTION		
City	State	Zip Code	Check Number	
COLUMBUS	$O \mid H$	43206	177	
To Whom Paid	-		M D Y Ar	mount
TACTICAL ÈDGE			0 5 2 6 0 5	2,000.00
Address	Purpose			
929 HARRISON AVENUE	CONSU	LTING FEE		
City	State	Zip Code	Check Number	
COLUMBUS	0 H	43215	178	
To Whom Paid				mount
TACTICAL EDGE			0 5 2 6 0 5	43.44
Address	Purpose	TANCON TO TO A CONTROL TO TO TO		
929 HARRISON AVENUE		JRSE-EXPENSES		
COLUMBIA	State	Zip Code	Check Number	
COLUMBUS	OH	43215	179	maunt.
To Whom Paid			M D Y Ar	mount
Address	Purpose			
71337533	l'ai pose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y Ar	mount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y Ar	mount
Address	Purpose			
		T=. = :		
City	State	Zip Code	Check Number	
T. William D. J.			N D V	
To Whom Paid			M D Y Ar	mount
Address	Purpose			
Muul 633	i di pose			
City	State	Zip Code	Check Number	
-				

31	-C			
R.C.	351	7.	1	0

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Statement of Loans Received

					Pres	scribe	ed by	Secret	tary	y of State	2/01								
Full Name of Committee CITIZENS FOR RANKIN	J																		
From Whom Received												Prior A	mou			Amt.	Incurred	this Peri	od
MIKE R. RANKIN										ł		11,1	150.00				0.00		
Address 2432 WYNCOURTNEY	COU	RT														Outst	anding B		50.00
City POWELL			ip Code 13065		Loans Received This Period Date Amount			Payments This Perio				d nount							
Date Loan was originally Incurred	м 0	9	D 2 0	Y 0 4	М		D	Y		\$		М		D 	Y	\$			
Registration Number, if PAC					М		D	Y				М		D	Y				
Employer/Occupation/Labor Organization	n*				М		D	Y				М		D	Y				
From Whom Received										*		Prior A	lmoi			Amt.	Incurred	this Peri	od
AVIS M. RANKIN												_}		97,2	290.62				0.00
Address 806 LAKE STREET									-						Outst	anding B		90.62	
City State Zip Code				Lo	ans	Recei	ved T	his	Period					Payme	ents Ti	his Perio	d		
MARBLEHEAD	O[]	$H \mid 4$	3440	l		D	Date				Amount	Date Amount							
Date Loan was originally Incurred	м 0	4	D 0 8	0 4	М		D	Y		\$		М		D	Y	\$			
Registration Number, if PAC			М		D	Y				М		D	Υ						
Employer/Occupation/Labor Organization*				М		D	Y				М		D	Y			,		
From Whom Received								Prior Amount Amt. Incurred this Per			this Peri	od							
Address								•								Outst	anding B	alance	
City	Stat	e Z	ip Code	e	Lo	ans	Recei	ved T	his	Period					Payme	ents T	his Perio	đ	
							Date				Amount	Date					Amount		
Date Loan was originally Incurred	М		D 	Y 	М		D	Y		\$		М		D 	Y	\$			
Registration Number, if PAC					M		D	Y				М		D	Y		_	-	
Employer/Occupation/Labor Organization*			М		D	Y				М		D 	Y						
If a loan is forgiven, write "Forgiven" in	the "O	utsta	andina	Balance"	space.	Trans	fer to	otal of	all I	loans rec	eived this period	to the S	tate	ment o	of Other	Income	(Form N	o. 31-A-	·2).
Transfer total of all payments made in t			-																
Total prior amount \$			108,4	40.62	_														

1	Total prior amount \$	108,440.62		
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	108,4	40.62	(To Form No. 30-A)

Event Date	04/05/05
Page	Le

Statement of Contributions Received at a Social or Fundraising Event

Pr	escribed	by Secre	etary of State 02/01					
Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·						
CITIZENS FOR RANKIN				In · ·				
Full Name of Contributor				Registr	ation Nur	mber, it i	PAC	
GEORGE R. AMBRO Street Address	Employ	or/Occu	pation/Labor Organization*	м	D	ΙΥ	Amount	
264 S. WASHINGTON AVENUE	Employ	er/occu	pation/ Labor Organization	0 4	2 2	I .	Amount	250.00
City		ate	Zip Code					230.00
COLUMBUS	O H 43215			Form(Cash,Check,etc) CHECK				
Full Name of Contributor			10410	1	ation Nur		PAC	
YAVITCH & PALMER CO., LPA				, nogreta				
Street Address	Employ	er/Occui	pation/Labor Organization*	м	D	Y	Amount	
511 SOUTH HIGH STREET	1		TRIBUTION FUNDS	014	2 2	i		100.00
City		ate	Zip Code	.L	ash,Chec			
COLUMBUS		H	43215		CHEC	K		
Full Name of Contributor				Registra	ation Nur	nber, if I	PAC	
PAUL SCOTT								
Street Address	Employ	er/Occu	pation/Labor Organization*	М	D	Y	Amount	
536 S. HIGH STREET				0 4	2 5	0 5	ţ	250.00
City	St	ate	Zip Code	Form(C	ash,Chec	k,etc)		
COLUMBUS	0	H	43215	(CHEC	K		
Full Name of Contributor				Registra	ation Nur	mber, if I	PAC	
JEFFERSON R. CRONAU								
Street Address	Employ	er/Occu	pation/Labor Organization*	М	D	Y	Amount	
2460 HIXSON STREET				0 4				200.00
City	St	ate	Zip Code	1	ash,Chec			
POWELL	0	H	43065	1	CHEC			
Full Name of Contributor				1 ~	ation Nur	nber, if F	PAC	
UNITED ASSOC OF JOURNEYMENLC				LA 1				
Street Address	Employ	er/Occu _l	pation/Labor Organization*	М	D	Y	Amount	
1250 KINNEAR ROAD					0 9			250.00
City	St	ate	Zip Code	Form(Cash,Check,etc)				
COLUMBUS	0	Н	43212		CHEC			
Full Name of Contributor				Registra	ation Nur	mber, if F	PAC	
Street Address	Employ	er/Occus	pation/Labor Organization*	М	T D	Ιγ	Amount	
Street Address	Linploy	ci / Occu	pacion Labor Organización	"	Ĭ		, unounc	
City	St	ate	Zip Code	Form(C	ash,Chec	k.etc)		
					,	,,		
Full Name of Contributor				Registr	ation Nur	mber, if I	PAC	
Street Address	Employ	er/Occu	pation/Labor Organization*	М	D	Y	Amount	
	<u> </u>		In a s	<u></u>				
City	St	ate	Zip Code	Form(C	ash,Chec	ck,etc)		
		L						
4 n - 1 f - 2 n -			11 P1 b 16 + 9		.16	•		athan anal

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$1,050.00
1,050.00	0.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

01/05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

	Prescribed by Sec	retary of State 02/01						
Name of Committee in Full								
CITIZENS FOR RANKIN	·	·····	1					
Full Name of Contributor			Registration Nun	nber, if PAC				
RICHARD WHALEY			 					
Street Address	Employer/Occi	upation/Labor Organization*	M D	Y Amount	400.00			
1831 ROXBURY ROAD			0 5 2 0		100.00			
City	State	Zip Code	Form(Cash,Check,etc)					
COLUMBUS	O H	43212	CHEC					
Full Name of Contributor			Registration Nun	nber, if PAC				
JOSEPH E. SCOTT								
Street Address	Employer/Occ	upation/Labor Organization*	M D	Y Amount	100.00			
35 E. LIVINGSTON AVENUE			0 5 2 0		100.00			
City	State	Zip Code	Form(Cash,Chec					
COLUMBUS	O H	43215	CHECK					
Full Name of Contributor			Registration Nur	nber, if PAC				
HERBERT A. HEDDEN								
Street Address	Employer/Occ	upation/Labor Organization*	M D	Y Amount	400.00			
2280 BRIXTON ROAD			0 5 2 5		100.00			
City	State	Zip Code	Form(Cash,Chec					
COLUMBUS	O H	43221	CHEC					
Full Name of Contributor			Registration Nun	nber, if PAC				
MARLENE LYNN			 					
Street Address	Employer/Occi	upation/Labor Organization*	M D	Y Amount	20.00			
7725 KELVINWAY DRIVE		T= 0 .	0 5 2 5		20.00			
City AVODETH HANGETON I	State	Zip Code 43085	Form(Cash,Chec	, , ,				
WORTHINGTON	O H	43063	CHEC					
Full Name of Contributor			Registration Nun	nper, if PAC				
JOHN EINSTEIN	Is i o		 	V				
Street Address	Employer/Occ	upation/Labor Organization*	M D	Y Amount	or 00			
366 E. BROAD STREET		Ta	0 6 0 1		25.00			
City	State	Zip Code	Form(Cash,Chec					
COLUMBUS	<u>O</u> H	43215	CASH					
Full Name of Contributor			Registration Nur	nber, if PAC				
JEFF GRAESSLE			1	V 1				
Street Address	Employer/Occ	upation/Labor Organization*	M D	Y Amount	05.00			
280 E. BROAD ST.		[7: C. I	0 6 0 1		25.00			
COLUMBUC	State Zip Code		Form(Cash,Chec					
COLUMBUS	O H	43213	CASE					
Full Name of Contributor			Registration Nur	nber, if PAC				
BRUCE A. ROTHERMUND Street Address	I Francis var (One	upation/Labor Organization*	M D	Y Amount				
· · · · · · · · · · · · · · · · · · ·	Employer/Occ	upation/Labor Organization	1 1	1 1	25.00			
50 NORTHWOODS BLVD.	C1-1-	7in Code	0 6 0 1		25.00			
City MCODTLUSICTON	State	Zip Code	Form(Cash,Chec					
WORTHINGTON	O H	43235	CHEC	I.				
		lil Black March						

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$395.00
1,925.00	46.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	etary or otate of or					
Name of Committee in Full							
CITIZENS FOR RANKIN							
Full Name of Contributor			Registration Number, if PAC				
BRENDA S. STERN						_	
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
2416 WYNCOURTNEY COURT				0 1		<u> </u>	25.00
City	State	Zip Code		ash,Cheo CHEC			
POWELL	O H	43065					
Full Name of Contributor			Registra	ition Nu	mber, if	PAC	
VORYS SATER SEYMOUR AND PEAS							
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	400.00
52 E. GAY STREET				0 1	<u> </u>		100.00
City	State	Zip Code	,	ash,Che			
COLUMBUS	<u> </u>	43215		CHEC			
Full Name of Contributor			Registra	ation Nu	mber, if	PAC	
JOHN P. JOHNSON II			ļ.,			T	
Street Address	Employer/Occu	upation/Labor Organization*	M	D	Y	Amount	50.00
567 SPRING BRK E.			0 6	1	0 5		50.00
City	State	Zip Code 43081		ash,Che			
WESTERVILLE	ОН	Registration Number, if PAC					
Full Name of Contributor			Registra	ation Nu	mber, if	PAC	
SUSAN E. ASHBROOK	Te 1 (0		M		Ιν-	T	
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount	100.00
2994 CRESCENT DR.		7: 0:4:		0 1			100.00
COLLIMBLIC	State	Zip Code 43204	Form(Cash,Check,etc) CHECK				
COLUMBUS	OH	43204		ation Nu		DAC	
Full Name of Contributor			Registra	ition Nu	mber, it	PAC	
EILEEN Y. PALEY	le		1	D	ΙΥ	TA	
Street Address	Employer/Occi	upation/Labor Organization*	M	0 1	1	Amount	50.00
668 BELLAMY PL.	State	Zip Code		I U ⊥ ash,Che			30.00
City COLUMBUS		43213		asii,chei CHEC			
Full Name of Contributor	O H	40210		ation Nu		DAC	
MICHAEL T. WEDEKIND			I Kegisti e	20011144	inder, ii	i AC	
Street Address	Employer/Occi	upation/Labor Organization*	М	D	ΙΥ	Amount	
4397 COHAGEN CROSSING DR.	Employer/ occi	pacion, capor organización	1 .	011		3	30.00
City	State	Zip Code		ash,Che			50.00
NEW ALBANY	O H	43054	1 '	CHEC	. ,		
Full Name of Contributor	10 1.1	10001		ation Nu		PAC	
CHERYL L. ROBERTO					,		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	ΙΥ	Amount	
1927 TEWKSBURY ROAD				0 1	1 '		50.00
City	State	Zip Code		ash,Che			20.00
COLUMBUS	OH	43221		CHEC			
			`				

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		
		Page Total \$	405.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	06/01/05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed	by Secre	etary of State 02/01					
Name of Committee in Full								
CITIZENS FOR RANKIN				To a sist or	Atau Miri		DAC	
Full Name of Contributor				Registra	ition Nui	mber, if	FAL	
MARK A. SERROTT	Irmair	or (Ooc: ::	nation / Labor Organization*	М	D	ΙΥ	Amount	
Street Address	Employ	er/Uccu	pation/Labor Organization*			0 5	Amount	100.00
789 NORTHWEST BLVD., A	-		17: 0.1	1				100.00
COLLIMBLIC		ate	Zip Code	1	ash,Chec			
COLUMBUS	0	H	43212	CHECK Registration Number, if PAC				
Full Name of Contributor				Registra	ition inui	nder, ir	PAC	
E. REILLEY FORMAN	1			 		l v		
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	50.00
481 WHITNEY AVENUE			1= 5 .		0 1		<u> </u>	50.00
City		ate	Zip Code		ash,Ched			
WORTHINGTON	0	H	43085		HEC			
Full Name of Contributor				Registra	ition Nui	mber, if	PAC	
ALLEN J. REIS	1			ļ.,.		1 1/	Г	
Street Address	Employ	er/Occu _l	pation/Labor Organization*	M	D	Y	Amount	100.00
3250 KNOLL DRIVE			In 0 1	0 6		1		100.00
CALLANINIA	l	ate	Zip Code 43230	1 '	ash,Cheo CHEC			
GAHANNA	0	H	43230				0.4.6	
Full Name of Contributor				Registra	ition Nui	mber, if	PAC	
ALEXANDER SPATER	1			ļ.,		T	т	
Street Address	Employ	er/Occu	pation/Labor Organization*	M	D	Y	Amount	E0.00
565 E. TOWN STREET					0 1			50.00
City		ate	Zip Code	1 '	ash,Ched			
COLUMBUS	0	L H	43215		CHEC			
Full Name of Contributor				Registra	ition Nu	mber, if	PAC	
LARRY EZELL	·			 		T		
Street Address	Employ	er/Occu	pation/Labor Organization*	M	D	Y	Amount	F0.00
500 S. FRONT ST., SUITE 102			I7: 0 1			0 5		50.00
COLUMBUC		ate	Zip Code	1	ash,Che			
COLUMBUS		Н	43215		CHEC		DAG	
Full Name of Contributor				Registra	ation Nu	mber, if	PAC	
PHILIP B. KAUFMAN	le			<u> </u>	I 6	T V	10	
Street Address	Employ	er/Uccu	pation/Labor Organization*	M	D O La	Y	Amount	~a oo
341 S. THIRD STREET, SUITE 300			I=: 0 :		0 1			50.00
COLLINATUS		ate	Zip Code		ash,Che			
COLUMBUS	0	H	43215		CHEC			
Full Name of Contributor				Registra	ation Nu	mber, if	PAC	
CAROL A, WRIGHT	1			 	l 5	T v -	T	
Street Address	Employ	er/Occu	pation/Labor Organization*	M	D O L a	Y	Amount	25.00
318 BERGER ALLEY			17:- C-4:-	1	0 1			25.00
COLLIMBUC		ate	Zip Code		ash,Che			
COLUMBUS	0	H	43206	1	CHEC	N.		
					16			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		
		Page Total \$	425.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	06/01/05
Page	10

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by	Secre	etary of State 02/01					
Name of Committee in Full CITIZENS FOR RANKIN								
CITIZENS FOR KANKIN Full Name of Contributor		-		Pagists	ation Nu	mber if	DAC	·
STEVE O. CAMPBELL				registr	acion inul	muel, il	i AC	
Street Address	Employer	/Occu	pation/Labor Organization*	M	D	ΙΥ	Amount	
250 E. STEWART AVE., APT. D				0 6	0 1			25.00
City	Stat	e	Zip Code		ash,Chec			
COLUMBUS	0 1	H	43206		CHEC			
Full Name of Contributor	· · · · · ·	-		Registr	ation Nu	mber, if	PAC	
CYNTHIA A. TURKELSON								
Street Address	Employer	/Occu	pation/Labor Organization*	М	D	Y	Amount	
2440 WYNCOURTNEY COURT					0 3		<u> </u>	100.00
City	Stat		Zip Code	1 '	ash,Che			
POWELL	0	H	43065		CHEC			
Full Name of Contributor				Registr	ation Nu	mber, if	PAC	
CHRIS A. SMILEY	te i	<u> </u>	4.1.0	-	1 5	Τ ν	IA	
Street Address	Employer	/Occu	pation/Labor Organization*	M	D	Y	Amount	E0.00
7754 PARK BEND DRIVE	C+++		7in Code		0 3 Cash,Chec			50.00
City WESTERVILLE	Stat	e H	Zip Code 43082	1 '	asn,cned CHEC			
Full Name of Contributor	0	11	45004		ation Nu		PAC	
DEBORAH PINNOCK				nogisti	acron 1401		.,	
Street Address	Employer	/Occu	pation/Labor Organization*	M	D	ΙΥ	Amount	
156 SOUTH MARTHA	2		Factor and or Samuella.	1	0 7		1	500.00
City	Stat	e	Zip Code		ash,Che			200.00
DEARBORN	M	I	48124	MON	JEY O	RDEI	R	
Full Name of Contributor			1	Registr	ation Nu	mber, if	PAC	
JOHN A. BRANDT								
Street Address	Employer	/Occu	pation/Labor Organization*	M	D	Y	Amount	
5187 SMOTHERS ROAD				1	0 7	1		25.00
City	Stat		Zip Code	1	Cash,Che			
WESTERVILLE	0	Н	43081		CHEC			
Full Name of Contributor				Registr	ation Nu	mber, if	PAC	
Street Address	Employer	/Occu	pation/Labor Organization*	M	D	Y	Amount	
City	Stat	e	Zip Code	Form(C	Cash,Che	ck,etc)		
Full Name of Contributor	<u> </u>			Registr	ation Nu	mber, if	PAC	
Street Address	Employer	/Occu	pation/Labor Organization*	M	D	Y	Amount	
City	Stat	e	Zip Code	Form(C	Cash,Che	ck,etc)		
					. If I	1		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		
		Page Total \$	700.00_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

31-F R.C. 3517.10

Event Date	6/1/05
Page	11

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				
CITIZENS FOR RANKIN				
To Whom Paid			M D Y	Amount
ZACH MASON			0 5 1 1 0 5	76.00
Address	Purpose		1 1 1 1 1 1	
2121 ASCHINGER BLVD.	REIMBUI	RSE-POSTAGE		
City	State	Zip Code	Check Number	
COLUMBUS	ОН	•	176	
To Whom Paid			M D Y	Amount
Address	Purpose			
	'			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
				1
Address	Purpose	···········		
, 1881, 550				
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
,				
Address	Purpose			
	,			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
		'		
To Whom Paid			M D Y	Amount
Address	Purpose			1
City	State	Zip Code	Check Number	
		·		
To Whom Paid			M D Y	Amount
Address	Purpose			
, 100				
City	State	Zip Code	Check Number	
			5.755.7.14	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	76.00
rage rotal #	70.00

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN								
Full Name of Contributor	Emplo	yer, Occu	pation, Labor Organization *	Registr	ation Nu	ımber, if	PAC	
MIKE R. RANKIN								
Street Address	Description of Item or Service				D	Υ	Fair Market Value	
2432 WYNCOURTNEY CT.	PALM CARDS			0 5	0 6	0 5	750.00	
City	State Zip Code Re			Receive	Received at Fundraising Event?			
POWELL	0	H	43065	res XIO				
Full Name of Contributor	Emplo	yer, Occu	pation, Labor Organization *	Registration Number, if PAC				
MIKE R. RANKIN	l l							
Street Address	Descri	ption of It	tem or Service	М	D	Υ	Fair Market Value	
2432 WYNCOURTNEY CT.		POS	TAGE 6/1 FR	0 5	1 2	0 5	11.50	
City	- 5	state	Zip Code	Receiv	ed at Fu	ndraising	Event?	
POWELL	Ю	H	43065		res		10	
Full Name of Contributor	Empio	yer, Occu	pation, Labor Organization *	Registr	ation No	ımber, if	PAC	
MIKE R. RANKIN			•					
Street Address	Descri	ption of It	tem or Service	М	D	Υ	Fair Market Value	
2432 WYNCOURTNEY CT.			TAGE 6/21 FR	015	2 4	0 5	46.00	
City		tate	Zip Code			ndraising	_L	
POWELL	0	H	43065		YES		No	
Full Name of Contributor	402	0		Registration Number, if PAC				
MIKE R. RANKIN	Employer, Occupation, Labor Organization			l logioti	00000	in including the	,,,,,	
Street Address	Descri	ntion of It	tem or Service	М	D	ΤY	Fair Market Value	
2432 WYNCOURTNEY CT.	Desc.	•	POSTAGE	1	1	0 5	1	
City		state	Zip Code					
POWELL	0	l H	43065	Received at Fundraising Event?				
Full Name of Contributor			pation, Labor Organization *	Registration Number, if PAC				
MIKE R. RANKIN	Limpio	yer, occu	pation, Labor Organization	ricgiot.	00000		,,,,	
Street Address	Descri	ntion of It	tem or Service	м	ΤD	ΤY	Fair Market Value	
2432 WYNCOURTNEY CT.	Descri	peion or n	FOOD		0 1	1	l .	
City	-	itate	Zip Code			ndraising		
POWELL	0	H	43065		YES	i idi alsii ig	No	
Full Name of Contributor	45		pation, Labor Organization *	Registration Number, if PAC				
MIKE R. RANKIN	Lilipio	yer, occu	pation, Labor Organization	Registi	acion N	ander, a	rac	
Street Address	Dosovi	ntion of I	tem or Service	М	l D	ΤΥ	Fair Market Value	
1 · · · · · · · · · · · · · · · · · · ·	Descri		POSTAGE		ł.	$0 \mid 5$	1 '	
2432 WYNCOURTNEY CT.		tate				ndraising		
City POWELL	1 .	H H	Zip Code 43065		ed at Fu YES	noraising	NO Eventi	
	O			V		if		
Full Name of Contributor	Emplo	yer, Occu	pation, Labor Organization *	Registr	ation No	ımber, if	PAC	
Street Address	Docari	ntion of It	tem or Service	м	T D	ΤΥ	Fair Market Value	
Street Address	Descri	ption or n	tem or service	101		1 ;	ran Market Value	
C:x.		toto	Zin Codo	Pagaire	ad at Fu	ndraising	Fuent?	
City	3	itate 	Zip Code	Receive	YES	nuraising	NO FACILIE	
Full Name of Contributor	Emplo	yer, Occu	pation, Labor Organization *	Registr		ımber, if		
Street Address	Descri	ption of It	tem or Service	M	D	Y	Fair Market Value	
City	S	tate	Zip Code	Receiv	ed at Fu	ndraising	Event?	
					YES		10	

Page Total \$	1,151.30
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^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee	-								
CITIZENS FOR RANKIN									
To Whom Owed					Prior A	mount		Amt. Incurred this Period	
MIKE R. RANKIN							01.11	0.00	
Address					Item or	Purpose f		Outstanding Balance	
2342 WYNCOURTNEY COURT					IGN	S, MA	GNET	2,201.11	
City	State	Zip	Code	е				lade This Period	
POWELL	OH	r l	430	065		Date		Amount	
Date Debt was originally Incurred	М	[7	Y	М	D	Y	\$	
	0 6	1	6	0 4					
Registration Number, if PAC					М	D	Ŷ		
					М	D	Y		
To Whom Owed					Prior A	mount		Amt. Incurred this Period	
						D			
Address					Item or	Purpose f	or Debt	Outstanding Balance	
	Ctata	7in	Code		_				
City	State	Zip	Code	е		Pay Date	ments N	Made This Period Amount	
	М	+,	5 7	Υ	М	T D	ΙΥ	\$	
Date Debt was originally Incurred	"	'	,	'	"				
Registration Number, if PAC		<u> </u>			М	D	Y		
registration number, it FAC							'		
					М	D	Y		
						\mathbf{I}_{\perp}			
To Whom Owed					Prior A	mount		Amt. Incurred this Period	
Address	-				Item o	Purpose f	or Debt	Outstanding Balance	
City	State	Zip	Code	e		Pay	ments N	Made This Period	
						Date		Amount	
Date Debt was originally Incurred	М	-)	Y	М	D	Y	\$	
		1							
Registration Number, if PAC					М	D	Y		
					М	D	Y		
					alate .			and at Francisco /F	
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer to Total amount forgiven should be included in the In-Kind Contributions Received (Form									
		,				J		. 5	

		M D Y
f a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B) or all amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.		
Fotal Payments this Period \$	0.00	_ (also record on Form 31-B)
Total Outstanding Balance \$	2,201.11	(also record on cover page)